

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR/DIST./DIV. CODE CANSJ		2. PERSON REPRESENTED CANTU, ANNA		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER CR-07-70739-PVT		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. V. CANTU, ET AL.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18:371; 8:1325					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix). AND MAILING ADDRESS JERRY Y. FONG 706 COWPER ST., P.O. BOX 1040 PALO ALTO CA 94302 Telephone Number 650-328-5510					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) FILED CAREY & CAREY 706 COWPER ST., P.O. BOX 1040 PALO ALTO CA 94302					
15. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> S Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <i>Darwin V. Trumbull</i> Mag. Judge Trumbull Signature Of Presiding Judicial Officer or By Order Of The Court 12/18/07 12/13/2007 Date Of Order 12/13/2007 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. CATEGORIES (attached itemization of services with dates)					
15. In Court		16. Out Of Court	17.	18.	19.
a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets)		a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)	Travel Expenses (Lodging, parking, meals, mileage, etc.)	Other Expenses (other than expert, transcripts, etc.)	CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____
(RATE PER HOUR =) TOTALS:		(RATE PER HOUR =) TOTALS:	(RATE PER HOUR =) TOTALS:	(RATE PER HOUR =) TOTALS:	APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION
20. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature Of Attorney _____ Date _____					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOT. AMT. APPR./CERT.					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28A. JUDGE/MAG CODE					
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount DATE 34A. JUDGE CODE					